



Council Communication

TO: HONORABLE MAYOR AND COUNCILMEMBERS

FROM: CATHY TEMPLETON, TOWN CLERK 503-6861

THROUGH: PATRICK BANGER, TOWN MANAGER

MEETING DATE: APRIL 19, 2012

SUBJECT: LIQUOR LICENSE – SOMEBURROS MEXICAN FOOD, 2597 SOUTH MARKET STREET

STRATEGIC INITIATIVE:	N/A
LEGAL REVIEW	FINANCIAL REVIEW
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
<input checked="" type="checkbox"/> N/A	<input checked="" type="checkbox"/> N/A

RECOMMENDED MOTION

A MOTION TO ISSUE AN ORDER TO RECOMMEND APPROVAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT 2597 SOUTH MARKET STREET.

OR

A MOTION TO ISSUE AN ORDER TO RECOMMEND DENIAL OF A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT 2597 SOUTH MARKET STREET FOR THE FOLLOWING REASONS (SPECIFIC REASONS FOR DENIAL MUST BE INCLUDED).

OR

A MOTION TO MAKE NO RECOMMENDATION ON A SERIES 12 RESTAURANT LIQUOR LICENSE FOR SOMEBURROS MEXICAN FOOD LOCATED AT 2597 SOUTH MARKET STREET (A "NO RECOMMENDATION" RESULTS IN A HEARING BEING SCHEDULED BEFORE THE STATE LIQUOR BOARD).

BACKGROUND/DISCUSSION

Timothy Vasquez is requesting approval of a Series 12 Restaurant Liquor License for Someburros Mexican Food located at 2597 South Market Street. *This is a new license.*

A Series 12 Liquor License allows the holder of a restaurant license to sell and serve spirituous liquor solely for consumption on the premises of an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food. *Series 12 licenses are exempt from the 300 foot distance requirement from a church, a school building with any grades K-12 or a fenced recreational area adjacent to a school building.*

Public notice was posted for the required 20-day period in accordance with the Arizona Department of Liquor License and Control posting requirement. No adverse information to justify a denial of this application was received from Planning and Zoning, Building and Code Compliance, Police Department, or from Maricopa County Environmental Services Department. There were no liquor related conditions in the zoning ordinance for this site.

Council's recommendation will be forwarded to the Arizona Department of Liquor License & Control. If Council recommends denial of an application, the minutes must reflect specific reasons, testimony, and other evidence that supports the motion to deny the license applications as required by A.R.S. 4-201.E further defined by Rule R19-1-102 (Attachment 1).

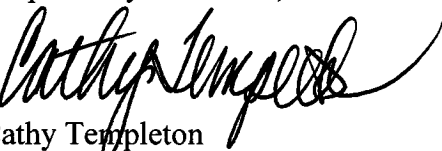
FINANCIAL IMPACT

The license fee for a Series 12 Restaurant Liquor License is \$750 per year.

STAFF RECOMMENDATION

Staff feels such requests are solely Council's prerogative and offers no recommendation on this request.

Respectfully submitted,



Cathy Templeton
Town Clerk

Attachments/Enclosures:

- Attachment 1 – Arizona Department of Liquor Licenses & Control,
Rule R19-1-102
- Attachment 2 – Liquor License Application

Attachment 1

R19-1-102. Granting a License for a Certain Location

Local governing authorities and the Department may consider the following criteria in determining whether public convenience requires, and that the best interest of the community will be substantially served by the issuance or transfer of a liquor license at a particular unlicensed location:

1. Petitions and testimony from persons in favor or opposed to the issuance of a license who reside in, own or lease property in close proximity.
2. The number and series of licenses in close proximity.
3. Evidence that all necessary licenses and permits have been obtained from the state and all governing bodies.
4. The residential and commercial population of the community and its likelihood of increasing, decreasing or remaining static.
5. Residential and commercial population density in close proximity.
6. Evidence concerning the nature of the proposed business, its potential market and its likely customers.
7. Effect on vehicular traffic in close proximity.
8. The compatibility of the proposed business with other activity in close proximity.
9. The effect or impact of the proposed premises on businesses or the residential neighborhood whose activities might be affected by granting the license.
10. The history for the past five years of liquor violations and reported criminal activity at the proposed premises provided that the applicant has received a detailed report(s) of such activity at least 20 days before the hearing by the board.
11. Comparison of hours of operation of the proposed premises to the existing businesses in close proximity.

Arizona Department of Liquor Licenses and Control
 800 West Washington, 5th Floor
 Phoenix, Arizona 85007
 www.azliquor.gov
 602-542-5141

LOCAL GOVERNING BODY RECOMMENDATION

CITY/TOWN OF Gilbert STATE APPLICATION # 12079042
 COUNTY OF MARICOPA, ARIZONA. CITY/TOWN/COUNTY # _____

ORDER # _____

At a Regular meeting of the Gilbert Town Council of the City/Town/County
 (Regular or Special) (Governing Body)

of Gilbert held on the 19 day of APRIL, 2012 the
 (Day) (Month) (Year)

application of Timothy S. Vasquez for a license to sell spirituous liquors at
 the premises described in Application # 12079042, License Class Series 12 was
 considered as provided by Title 4, A.R.S. as amended.

IT IS THEREFORE ORDERED that the APPLICATION of _____
 is hereby recommended for _____
 (approval/disapproval)

a license to sell spirituous liquors of the class, and in the manner designated in the Application.

IT IS FURTHER ORDERED that a Certified Copy of this Order be immediately transmitted to the
 Department of Liquor Licenses and Control, Licensing Division, Phoenix, Arizona.

 CITY/TOWN/COUNTY CLERK

DATED AT _____

This _____ day of _____
 (Day) (Month) (Year)

* Disabled individuals requiring special accommodations please call the Department

7A
USB

RECEIVED

Arizona Department of Liquor Licenses and Control
800 West Washington, 5th Floor
Phoenix, Arizona 85007
www.azliquor.gov
602-542-5141

FEB 29 2012

ML

TOWN OF GILBERT
DEVELOPMENT SERVICES
APPLICATION FOR LIQUOR LICENSE
TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

SECTION 1 This application is for a:

- ☐ MORE THAN ONE LICENSE
- ☐ INTERIM PERMIT *Complete Section 5*
- ☒ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*
- ☐ PERSON TRANSFER (Bars & Liquor Stores ONLY)
Complete Sections 2, 3, 4, 11, 13, 15, 16
- ☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)
Complete Sections 2, 3, 4, 12, 13, 15, 16
- ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE
Complete Sections 2, 3, 4, 9, 13, 16 (fee not required)
- ☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

SECTION 2 Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*
- ☐ INDIVIDUAL *Complete Section 6*
- ☐ PARTNERSHIP *Complete Section 6*
- ☒ CORPORATION *Complete Section 7*
- ☐ LIMITED LIABILITY CO. *Complete Section 7*
- ☐ CLUB *Complete Section 8*
- ☐ GOVERNMENT *Complete Section 10*
- ☐ TRUST *Complete Section 6*
- ☐ OTHER (Explain) _____

SECTION 3 Type of license and fees LICENSE #(s):

- 1. Type of License(s): 12
- 2. Total fees attached: \$ 100.00

APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.
The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.

SECTION 4 Applicant

- 1. Owner/Agent's Name: Mr. Vasquez Timothy Scott
(Insert one name ONLY to appear on license) Last First Middle
- 2. Corp./Partnership/L.L.C.: Somoburas INC.
(Exactly as it appears on Articles of Inc. or Articles of Org.)
- 3. Business Name: Somoburas Mexican Food
(Exactly as it appears on the exterior of premises)
- 4. Principal Street Location 2597 S. Market St. Gilbert Maricopa 85295
(Do not use PO Box Number) City County Zip
- 5. Business Phone: 480-497-8226 Daytime Contact: Tim 480-628-3251
- 6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☐ NO
- 7. Mailing Address: 2127 W. Frye Rd. #205 Chandler, AZ 85227
City State Zip
- 8. Price paid for license only bar, beer and wine, or liquor store: Type _____ \$ _____ Type _____ \$ _____

DEPARTMENT USE ONLY

Fees: 100.00
Application Interim Permit Agent Change Club Finger Prints \$ 100.00
TOTAL OF ALL FEES

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: JB Date: 02-23-12 Lic. # 12079042

32290

360231

SECTION 5 Interim Permit:

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. _____
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? _____

ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.

I, _____, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,
(Print full name)
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X _____
(Signature)

State of _____ County of _____

The foregoing instrument was acknowledged before me this

My commission expires on: _____

_____ day of _____, _____
Day Month Year

(Signature of NOTARY PUBLIC)

SECTION 6 Individual or Partnership Owners:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Individual:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

Partnership Name: (Only the first partner listed will appear on license) _____

General-Limited	Last	First	Middle	% Owned	Mailing Address	City	State	Zip
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☐ NO
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#

SECTION 7 Corporation/Limited Liability Co.:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

☒ CORPORATION Complete questions 1, 2, 3, 5, 6, 7, and 8.

☐ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8.

1. Name of Corporation/L.L.C.: Somoburos Inc.
(Exactly as it appears on Articles of Incorporation or Articles of Organization)

2. Date Incorporated/Organized: 10/27/85 State where Incorporated/Organized: AZ

3. AZ Corporation Commission File No.: 01796460 Date authorized to do business in AZ: 10/25/85

4. AZ L.L.C. File No.: _____ Date authorized to do business in AZ: _____

5. Is Corp./L.L.C. Non-profit? ☐ YES ☒ NO

6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City State Zip
Vasquez	George	CONS	Director CEO	2508 E. Beechmont Ct. Chandler, Az	85249
Vasquez	Mary	Elizabeth	Sec/Director	2508 E. Beechmont Ct. Chandler, Az	85249
Vasquez	Timothy	Scott	Pres/CEO	518 E. Middle Way Gilbert, Az	85295
			Director		

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City State Zip
Vasquez	George	CONS	46	2508 E. Beechmont Ct. Chandler, Az	85249
Vasquez	Timothy	Scott	31	518 E. Middle Way Gilbert, Az	85295
Vasquez	Amy	Elizabeth	13	16650 S. 38th St. Phoenix, Az	85248
Costantini	JENNIFER		10	744 E. Hampton Ct. Gilbert, Az	85295

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

SECTION 8 Club Applicants:

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: _____ Date Chartered: _____
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)

2. Is club non-profit? ☐ YES ☐ NO

3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City State Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:

1. Current Licensee's Name: _____
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: _____
Last First Middle
3. License Type: _____ License Number: _____ Date of Last Renewal: _____
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

SECTION 10 Government: (for cities, towns, or counties only)

1. Governmental Entity: _____
2. Person/designee: _____
Last First Middle Contact Phone Number

A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.

SECTION 11 Person to Person Transfer:

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: _____ Entity: _____
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: _____
(Exactly as it appears on license)
3. Current Business Name: _____
(Exactly as it appears on license)
4. Physical Street Location of Business: Street _____
City, State, Zip _____
5. License Type: _____ License Number: _____
6. If more than one license to be transferred: License Type: _____ License Number: _____
7. Current Mailing Address: Street _____
(Other than business) City, State, Zip _____
8. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☐ YES ☐ NO
9. Does the applicant intend to operate the business while this application is pending? ☐ YES ☐ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.
10. I, _____, hereby authorize the department to process this application to transfer the
(print full name)
privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.
I, _____, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER
(print full name)
STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

(Signature of CURRENT LICENSEE)

State of _____ County of _____
The foregoing instrument was acknowledged before me this

Day Month Year

My commission expires on: _____

(Signature of NOTARY PUBLIC)

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY)

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

1. Current Business: Name _____
(Exactly as it appears on license) Address _____
2. New Business: Name _____
(Physical Street Location) Address _____
3. License Type: _____ License Number: _____
4. If more than one license to be transferred: License Type: _____ License Number: _____
5. What date do you plan to move? _____ What date do you plan to open? _____
-

SECTION 13 Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

a) Restaurant license (§ 4-205.02)

b) Hotel/motel license (§ 4-205.01)

c) Government license (§ 4-205.03)

d) Fenced playing area of a golf course (§ 4-207 (B)(5))

1. Distance to nearest school: _____ ft. Name of school _____
Address _____
City, State, Zip _____
2. Distance to nearest church: _____ ft. Name of church _____
Address _____
City, State, Zip _____
3. I am the: ☒ Lessee ☐ Sublessee ☐ Owner ☐ Purchaser (of premises)

4. If the premises is leased give lessors: Name Sonrisa Developments
Address 2727 W. Fye Rd. #205 Chandler AZ 85224
City, State, Zip _____

4a. Monthly rental/lease rate \$ 16,390.14 What is the remaining length of the lease 15 yrs. 9 mos.

4b. What is the penalty if the lease is not fulfilled? \$ N/A or other _____
(give details - attach additional sheet if necessary)

5. What is the total **business** indebtedness for this license/location excluding the lease? \$ N/A
Please list lenders you owe money to.

Last	First	Middle	Amount Owed	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? Mexican Food Restaurant

SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?
☐ YES ☐ NO If yes, attach explanation.
8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☐ NO
9. Is the premises currently licensed with a liquor license? ☐ YES ☐ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO
If yes, give the name of licensee, Agent or a company name:

_____ and license #: _____
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.
3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.
4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:
- | | | |
|---|--|--|
| <input type="checkbox"/> Entrances/Exits | <input type="checkbox"/> Liquor storage areas | Patio: <input type="checkbox"/> Contiguous |
| <input checked="" type="checkbox"/> Service windows | <input checked="" type="checkbox"/> Drive-in windows | <input type="checkbox"/> Non Contiguous |
2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☐ NO
If yes, what is your estimated opening date? _____
month/day/year
3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.
4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spirituous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).
5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

applicants initials

AMENDMENT

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year?

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO

9. Is the premises currently licensed with a liquor license? ☐ YES ☒ NO If yes, give license number and licensee's name:

License # _____ (exactly as it appears on license) Name _____

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☒ NO
If yes, give the name of licensee, Agent or a company name:

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☒ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.


applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab.

applicants initials

1. Check **ALL** boxes that apply to your business:

☒ Entrances/Exits ☒ Liquor storage areas Patio: ☒ Contiguous
☒ Service windows ☒ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☐ YES ☒ NO
If yes, what is your estimated opening date? N/A

month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows or increase or decrease to the square footage after submitting this initial drawing.

applicants initials

SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

12 FEB 23 09:16 AM 14

See Diagram Attached

SECTION 16 Signature Block

I, Timothy Scott Vasquez, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

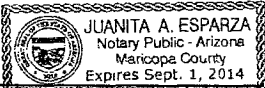
X [Signature]
(signature of applicant listed in Section 4, Question 1)

State of ARIZONA County of MARICOPA

The foregoing instrument was acknowledged before me this

21 of FEBRUARY 2012
Day Month Year

[Signature]
signature of NOTARY PUBLIC

My commission expires on : 
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
 Phoenix, AZ 85007-2934
 www.azliquor.gov
 (602) 542-5141

RESTAURANT OPERATION PLAN

LICENSE #

12079042

1. List by Make, Model and Capacity of your :

Grill	Southland 8 burner
Oven	N/A
Freezer	4x6 freezer walk-in
Refrigerator	4x8 walk-in fridge
Sink	3 compartment sink
Dish Washing Facilities	sink
Food Preparation Counter (Dimensions)	3 8ft tables
Other	

2. Print the name of your restaurant: Sonoburnas Mexican Food
3. Attach a copy of your menu (Breakfast, Lunch and Dinner including prices).
4. List the seating capacity for:
- | | |
|-------------------------------------|---------|
| a. Restaurant area of your premises | [88] |
| b. Bar area of your premises | [+ 0] |
| c. Total area of your premises | [88] |
5. What type of dinnerware and utensils are utilized within your restaurant?
☐ Reusable ☒ Disposable
6. Does your restaurant have a bar area that is distinct and separate from the restaurant seating? (If yes, what percentage of the public floor space does this area cover). ☐ Yes _____ % ☒ No
7. What percentage of your public premises is used primarily for restaurant dining? (Does not include kitchen, bar, cocktail tables or game area.) 60 %

*Disabled individuals requiring special accommodations, please call (602) 542-9027

8. Does your restaurant contain any games or television? ☐ Yes ☒ No
If yes, specify what types and how many of each type (Televisions, Pool tables, Video Games, Darts, etc).

9. Do you have live entertainment or dancing? ☐ Yes ☒ No
(If yes, what type and how often?)

10. Use space below or attach a list of employee positions and their duties to fully staff your business.

counter - cashier, serve food, ~~answer~~ answer phones,
Line cook - dishout
Head cook - prepare all food

12 FEB 23 14:11:14

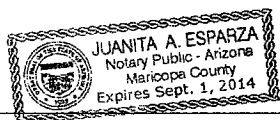
I, Timothy Scott Ugaz, hereby declare that I am the APPLICANT filing this application. I have
(Print full name)
read this application and the contents and all statements true, correct and complete.

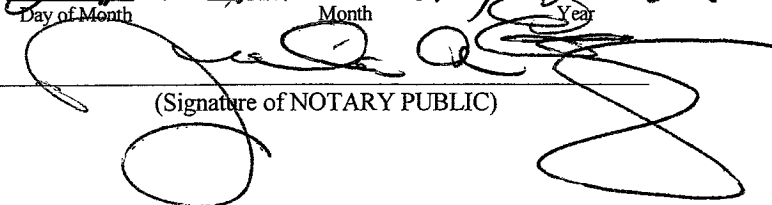
X 
(Signature of APPLICANT)

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

21 day of FEBRUARY, 2012
Day of Month Month Year

My commission expires on::




(Signature of NOTARY PUBLIC)



BREAKFAST MENU

Breakfast Served All Day!

SPECIALTY ITEMS

El Diablo Scramble 5.85
Chorizo, jalapeños, white onions, and potatoes scrambled with eggs,
topped with cheese and sour cream. Served with beans and a flour tortilla.

Verde Scramble 5.65
Green chiles scrambled with tomatoes, white onions, potatoes and eggs,
with melted cheese and sour cream. Served with beans and a flour tortilla.

Señor Jorge 5.85
Beef tamale is grilled until crispy and served with one fried egg
plus a side of our delicious beans and a warmed flour tortilla.

La Sonrisa 6.50
Celebrate a new day with two cheese enchiladas served with red or green
sauce, topped with a fried egg and accompanied by our nana's beans.

Huevos Rancheros 6.50
Two soft corn tortillas are layered with two fried eggs, green sauce and sour cream
and then drizzled with our tasty tomato sauce. Served with beans.

BREAKFAST BURROS

El Diablo Scramble 4.85 Egg, Onion, and Potato 3.85
Verde Scramble 4.65 Machaca Beef, Egg, and Potato 3.85
Chorizo, Egg, and Potato 3.85 Bacon, Egg, Cheese, and Potato 3.85

LIL' BURROS

for children 12 and under
Bacon and Egg Burrito with a side of beans and a drink 3.75
Egg and Cheese Burrito with a side of beans and a drink 3.75

Did you know...Someburros gives back!

Someburros will hold your fundraiser
at any of our 5 locations

You will receive 20% of the sales that YOU bring in!
Encourage your friends and family to enjoy great Mexican Food
while supporting your organization!

See manager for details

MAS COSAS

	Half Pint	Pint	Quart
Hot Sauce	1.75	3.35	5.95
Tomatillo Sauce (Spicy)	1.75	3.35	5.95
Fresh Chunky Salsa	1.95	3.75	6.55
Guacamole	3.05	5.95	10.45
Pico de Avocado	3.05	5.95	10.45
Jalapeno Cream Cheese	3.05	5.95	10.45
Sour Cream	2.15	3.95	6.45
Red Enchilada Sauce	1.85	3.45	5.95
Green Enchilada Sauce	1.85	3.45	5.95
Rice	1.75	3.35	5.95
Beans	1.75	3.35	5.95
Red or Green Chili Beef	3.45	6.50	11.95
One Dozen Beef Tamales in the Husk			20.95
One Dozen Green Corn Tamales in the Husk			20.95

One Dozen Flour Tortillas 3.55
One Dozen Fried Tostada Shells 3.95
Crispy Tortilla Bowl 1.00 each
Fresh Chips by the Bag

Small 1.50 • Medium 2.50 • Large 3.95

Fiesta Planets



40 Mexican Miniatures

Great for entertaining...Easy to serve and delicious!
A beautifully arranged and delicious assortment of
golden and crunchy miniatures offering ten bean
burros, ten red chili burros, ten green chili burros, five
beef taquitos and five chicken taquitos. Includes a large
bag of chips, hot sauce & guacamole. Serves 10-12

39.00

24-hour advance notice requested

WE CATER!

For more information on
catering please call

480-201-TACO (8226)

Catering menus available upon request.
Prices are subject to change.



Also try our enchilada, taco, burro
and pollo fundido platters!

www.someburros.com

Somies!
Burros!
GREAT MEXICAN FOOD



WWW.SOMEBURROS.COM



NORTH SCOTTSDALE

Open Daily 9am - 10pm

480-443-TACO (8226)

7501 E. Frank Lloyd Wright Blvd.

Located on Frank Lloyd Wright Blvd. in the Promenade shopping center just west of Trader Joe's

TEMPE

Open Daily 9am - 10pm

480-839-TACO (8226)

101 E. Baseline Rd.

SE Corner of Mill & Baseline

CHANDLER

Open Daily 9am - 10pm

480-726-TACO (8226)

3461 W. Fry Road

Fry Road West of the 101 in front of Target

STAPLEY

Open Daily 9am - 10pm

480-755-TACO (8226)

1335 E. Baseline Rd.

SE Corner of Stapley & Baseline

SAN TAN

Open Daily 9am - 10pm

480-497-TACO (8226)

2597 S. Market St.

South of Williamsfield Road on Market Street

**ABOUT OUR PHONE ORDER
PICK-UP WINDOW...**

Each location has a drive up window for phone orders only.

12 FEB 23 11:47 AM '14

MUNIONIES DE MEXICO

Cheese Crisp (14" folded)	3.95
Nachos with beans, cheese, jalapeños & tomatoes	4.75
3 Taquitos - Beef OR Chicken with Guacamole	4.85
with Chorizo	4.95
with Red OR Green Chili Beef	4.95
5.65	
Mexican Pizza	4.85
Open cheese crisp topped with green chili beef, green onions & tomatoes	4.85
Small 1.50 • Medium 2.50 • Large 3.95	

BURROS

Bean	3.35
Red OR Green Chili Beef	3.35
Shredded Beef OR Chicken AND Beans	4.05
Red AND Green Chili Beef	3.85
Chorizo, Egg and Potato	3.85
Red OR Green AND Beans	3.85
Egg, Onion and Potato	3.85
Three-Way: Red, Green AND Beans	3.85
Bacon, Egg, Cheese and Potato	3.85
Shredded Beef (Machaca)	4.05
Veggie Burro (see specialties)	4.95
Shredded Beef, Egg & Potato	3.85
Came Asada Burro (see specialties)	4.95
Enchilada Style (Red or Green) 1.15 • Deep Fried .95 • Extra Cheese .75	

TACOS

Shredded Beef OR Chicken	2.50
Bean	2.50
Ground Beef and Potato	2.50
Bean with Beef	2.95
Bean with Chicken	2.95
Carne Asada	2.50

ENCHILADAS

Served with Red or Green Sauce	
Cheese Enchilada	2.85
Beef Tamale with Red Sauce	3.35
Green Corn Tamale	3.35
Chicken Enchilada	3.35
with Green Sauce and Cheese	3.35

ENSALADAS

Taco Salad served in a crispy tortilla bowl	5.75
(substitute shredded beef or chicken for an additional 75c)	
Chicken Avocado Salad served in a crispy tortilla bowl	5.95
Garden Salad	3.50

GOSITAS AMERICANAS

Hamburger	3.65
Corn Dog	1.85
Cheeseburger	3.95
French Fries	1.55

COMBINATION COMIDAS

No substitutions, please

#1 Taco, Cheese Enchilada, Rice & Beans	7.75
#2 Taco, Tostada, Rice & Beans	7.95
#3 Taco, Tamale, Rice & Beans	8.15
#4 3 Mini Chimis, Rice, Beans, & Guacamole	7.95
#5 Cheese Enchilada, Tostada, Rice & Beans	7.45
#6 Two Cheese Enchiladas, Rice & Beans	8.15
#7 Red OR Green Chili Burro OR Bean & Cheese Burro, Rice & Beans	7.15
#8 Taco, Tostada, Cheese Enchilada	7.35
#9 Two Tacos, Rice & Beans	7.95
#10 Breakfast Burro, Rice & Beans	7.15
#11 Three Beef OR Chicken Taquitos, Guacamole, Rice & Beans	6.85
#12 Shredded Beef OR Shredded Chicken Burro, Rice & Beans	7.35

CHIMICHANGAS

Served deep fried, enchilada style (red or green) with guacamole and sour cream

Bean	6.65
Red OR Green Chili Beef	7.15
Red AND Green Chili Beef	7.15
Three-Way: Red AND Green AND Beans	7.15
Shredded Chicken	7.35
Shredded Beef (Machaca)	7.35
Chicken OR Shredded Beef AND Beans	7.35

COSAS PEQUEÑAS

Refried Beans	1.75
Whole Pinto Beans	1.75
Sour Cream	.95
Jalapeño Cream Cheese	1.35
Rice	1.75
Guacamole	1.35
Flour Tortilla	.80
Pico de Avocado	1.35
Buttered Flour Tortilla	.65
Jalapeños	.65
3 Corn Tortillas	.95
Veggie Salsa	.75
1/2 pint 1.75	
Green Chili OR Red Chili	3.45
Hot Sauce	1/2 pint 1.75
Shredded Chicken OR Beef	3.75
Tomatillo Sauce (Spicy)	.75
Fried Egg	.70

EXTRAS

Enchilada Style (red or green)	1.15
Deep Fried	.95
Extra Cheese	.75

PARA LOS NIÑOS

for children 12 and under

Your choice of:

Taco • Bean Burrito • Two Chicken or Beef Taquitos • Mini Cheese Crisp
All served with whole or refried beans or rice, plus churro and kid's drink
3.95

LOS SUPLEMENTOS

POLLO FUNDIDO	7.95
Martinated chunks of chicken breast wrapped in a flour tortilla then deep fried and topped with jalapeño cream cheese, grated cheddar, and green onions. Served with rice.	

BORRACHO BURRO	6.95
----------------	------

Soft flour tortilla filled with green chili beef, covered with green sauce and melted cheese, topped with sour cream and guacamole.

CARNE ASADA BURRO	4.95
-------------------	------

Thin slices of flavorful grilled steak, beans, rice and pico de avocado are wrapped together in a soft flour tortilla. Delicious!

VEGGIE BURRO	4.95
--------------	------

Flour tortilla filled with tasty whole pinto beans, cheddar cheese, fresh avocado, cilantro, tomatoes, and white onions with side of veggie salsa.

TOSTADA VERDE	5.95
---------------	------

Crispy flour tortilla layered with delicious green chili beef, grated cheddar cheese, lettuce, diced tomatoes, and sour cream.

CRUDO BURRO (Spicy)	6.25
---------------------	------

Our juicy and tender machaca beef combined with a spicy, light and tasty green tomatillo sauce. Served with rice.

PONCHO VILLA	6.95
--------------	------

Soft flour tortilla filled with red chili beef, covered with red sauce and melted cheese, topped with sour cream and guacamole.

ROD BURRO	6.95
-----------	------

A warmed flour tortilla filled with green and red chili beef, refried beans, chorizo and white onions, then topped with both red and green enchilada sauce and melted cheese.

ALBONDIGAS SOUP (Served October thru May)	3.15/Cup 4.85/Bowl
---	--------------------

Seasoned meatballs served with rice in a savory broth with a flour tortilla on the side.

DULCES

Cinnamon Crispies with Whipped Cream	2.65
3 Apple Burritos	3.95
Churro	.95
3 Cherry Burritos	3.95

BEBIDAS

Sodas, Lemonade, Iced Tea, Power Ade	
Small	20 oz. 1.55
Medium	32 oz. 1.75
Large	44 oz. 1.95
Bottled Water	1.50
Orange Juice	1.75
Milk / Chocolate Milk	Small 1.50 • Large 1.95
Coffee / Hot Tea	Small 1.55 • Large 1.95
Hot Chocolate	Small 2.15 • Large 2.70
Horchata (sorry, no refills)	
Small	20 oz. 1.75
Medium	32 oz. 1.95
Large	44 oz. 2.15

WILLIAMSON'S

- B. Employee Log (A.R.S. §4-119)
- C. Employee time cards (actual document used to sign in and out each work day)
- D. Payroll records for all employees showing hours worked each week and hourly wages
- 13. Off-site Catering Records (must be complete and separate from restaurant records)

A. All documents which support the income derived from the sale of food off the license premises.

B. All documents which support purchases made for food to be sold off the licensed premises.

C. All coupons/specials/discounts

The sophistication of record keeping varies from establishment to establishment. Regardless of each licensee's accounting methods, the amount of gross revenue derived from the sale of food and liquor must be substantially documented.

**REVOCATION OF YOUR LIQUOR LICENSE MAY OCCUR IF YOU FAIL TO COMPLY WITH
A.R.S. §4-210(A)7 AND A.R.S. §4-205.02(G).**

A.R.S. §4-210(A)7

The licensee fails to keep for two years and make available to the department upon reasonable request all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of spirituous liquors and, in the case of a restaurant or hotel-motel licensee, all invoices, records, bills or other papers and documents relating to the purchase, sale and delivery of food.

A.R.S. §4-205.02(G)

For the purpose of this section:

1. "Restaurant" means an establishment which derives at least forty percent (40%) of its gross revenue from the sale of food.
2. "Gross revenue" means the revenue derived from all sales of food and spirituous liquor on the licensed premises, regardless of whether the sales of spirituous liquor are made under a restaurant license issued pursuant to this section or under any other license that has been issued for the premises pursuant to this article.

I, (print licensee name):

Vasquez Timothy Scott
Last First Middle

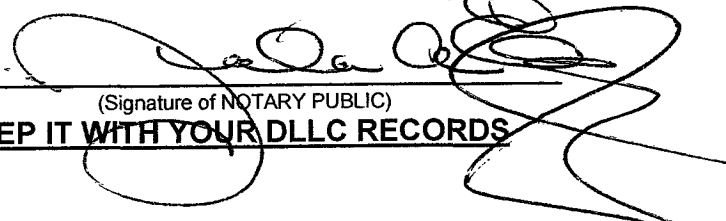
have read and fully understand all aspects of this statement.

State of Arizona County of Maricopa
The foregoing instrument was acknowledged before me this

x Tih
(Signature of Licensee)

21 day of FEBRUARY 2012
Day Month Year

My commission Expires on: 
Day Month Year


(Signature of NOTARY PUBLIC)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

12 FEB 23 09:14 PM 114

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor

Phoenix, AZ 85007-2934

www.azliquor.gov

(602) 542-5141

RECORDS REQUIRED FOR AUDIT

SERIES 11 (HOTEL/MOTELW/RESTAURANT AND SERIES 12 (RESTAURANT)

MAKE A COPY OF THIS DOCUMENT AND KEEP IT WITH YOUR DLLC RECORDS

In the event of an audit, you will be asked to provide to the Department any documents necessary to determine compliance with A.R.S. §4-205.02(G). Such documents requested may include however, are not limited to:

1. All invoices and receipts for the purchase of food and spirituous liquor for the licensed premises.
2. A list of **all** food and liquor vendors
3. The restaurant menu used during the audit period
4. A price list for alcoholic beverages during the audit period
5. Mark-up figures on food and alcoholic products during the audit period
6. A recent, **accurate** inventory of food and liquor (taken within two weeks of the Audit Interview Appointment)
7. Monthly Inventory Figures - beginning and ending figures for food and liquor
8. Chart of accounts (copy)
9. Financial Statements-Income Statements-Balance Sheets
10. General Ledger
 - A. Sales Journals/Monthly Sales Schedules
 - 1) Daily sales Reports (to include the name of each waitress/waiter, bartender, etc. with sales for that day)
 - 2) Daily Cash Register Tapes - Journal Tapes and Z-tapes
 - 3) Dated Guest Checks
 - 4) Coupons/Specials/Discounts
 - 5) Any other evidence to support income from food and liquor sales
 - B. Cash Receipts/Disbursement Journals
 - 1) Daily Bank Deposit Slips
 - 2) Bank Statements and canceled checks
11. Tax Records
 - A. Transaction Privilege Sales, Use and Severance Tax Return (copies)
 - B. Income Tax Return - city, state and federal (copies)
 - C. Any supporting books, records, schedules or documents used in preparation of tax returns
12. Payroll Records
 - A. Copies of all reports required by the State and Federal Government

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix, AZ 85007-2934
www.azliquor.gov
(602) 542-5141

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SERIES 11 (HOTEL/MOTEL W/RESTAURANT AND SERIES 12 (RESTAURANT)

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12 FEB 23 1994 Lic. M1114

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

FP Current 710
P1063198 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLS. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLS. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

Liquor License #

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

12079042

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☒ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete #21

2. Name: Vasquez Timothy Scott Date of Birth: _____
Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License: _____ State: AZ
(NOT a public record) (NOT a public record)

4. Place of Birth: Mesa AZ USA Height: 6'0" Weight: 185 Eyes: BL Hair: BR
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-628-3251

6. Name of Current or Most Recent Spouse: Vasquez Julianne Marc Amithi Date of E.. _____
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 10/2/1975

8. Telephone number to contact you during business hours for any questions regarding this document. 480-628-3251

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Somoburos Mexican Food Premises Phone: 480-497-8226

11. Physical Location of Licensed Premises Address: 2597 S. Market St. Gilbert Mariwa 85295
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
5/96	CURRENT	Restaurant Manager/owner	Somoburos 2727 W. Frye Rd # 205 Chandler, AZ 85227

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
6/08	CURRENT	OWN	518 E. Bridge Way	Gilbert	AZ	85295
12/01	6/08	OWN	744 E. Hampton Ct.	Gilbert	AZ	85295

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? ☐ YES ☒ NO
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) ☐ YES ☐ NO
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, Timothy Scott, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X

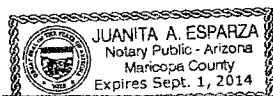
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
21 day of FEBRUARY, 2012
Month Year

(Signature of NOTARY PUBLIC)

My commission expires on:



Day Month Year

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

____ day of _____, _____
Month Year

(Signature of NOTARY PUBLIC)

X

Signature of Controlling Person or Agent (circle one)

Print Name

My commission expires on:

Day Month Year

February 8, 2012

#19

To whom it may concern,

I am currently the liquor agent for the following licenses/business:

License # 1207842

Someburros Mexican Food

7501 E. Frank Lloyd Wright Blvd.

Scottsdale, AZ 85260

Sincerely,



Tim Vasquez

12 FEB 23 19:14



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License

Department of Liquor Licenses and Control

Liquor License #: 12079042

Ownership Name: Somewhere Inc.
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Timothy Scott Kiger DATE 2/6/12

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE 12 restaurant

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: PASSPORT

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City Phoenix State (or equivalent) AZ Country or Territory Mexico

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

12 FEB 23 14P.12 PM 11:14

SECTION III — ALIEN STATUS DECLARATION

Directions: To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of the front, and the back (if any), of a document from the attached List B or other document that evidences your status. A.R.S. § 1-501. Name of document provided:

“Qualified Alien” Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ 8. An alien who is, or whose child or child's parent is a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C. § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C. § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C. § 1621(c)(2)(A) and (C))

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ 14. A person not described in categories 1–13 who is otherwise lawfully present in the United States. PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).

12 FEB 23 1997 L.C. RM1115



ARIZONA STATEMENT OF CITIZENSHIP AND ALIEN STATUS FOR STATE PUBLIC BENEFITS

Professional License and Commercial License

Department of Liquor Licenses and Control

Liquor License #: 12079042

Ownership Name: Somewhere INC.
(as listed on the current liquor license application or renewal application)

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 1-501 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal.

SECTION I — APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) Timothy Scott Kasper DATE 2/6/12

TYPE OF APPLICATION (check one) ☒ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE 12 restaurant

SECTION II — CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front, and the back (if any), of a document from the attached List A or other document that demonstrates U.S. citizenship or nationality. Name of document provided: PASSPORT

A. Are you a citizen or national of the United States? (check one) ☒ Yes ☐ No

B. If the answer is "Yes," where were you born? List city, state (or equivalent), and country.

City Phoenix State (or equivalent) AZ Country or Territory Mexico

If you are a citizen or national of the United States, go to Section IV. If you are not a citizen or national of the United States, please complete Sections III and IV.

12 FEB 23 14:14 PM 1114

Attachment to Form 1 Applicant Statement

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS

LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).

[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR § 104.23; 63 FR 41662-01 August 4, 1998); and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (2) United States passport;
- (3) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (4) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (5) Form N-561, Certificate of Citizenship;
- (6) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings) (formerly Form I-179, last issued in February 1974);
- (7) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (8) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (9) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

b. Secondary Evidence

If the applicant cannot present one of the documents listed in (a) above, the following may be relied upon to establish U.S. citizenship or U.S. national status:

- (1) Religious record recorded in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction) within three 3 months after birth showing that the birth occurred in such jurisdiction and the date of birth or the individual's age at the time the record was made;

SECTION IV — DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.



APPLICANT'S SIGNATURE

2/6/12

TODAY'S DATE

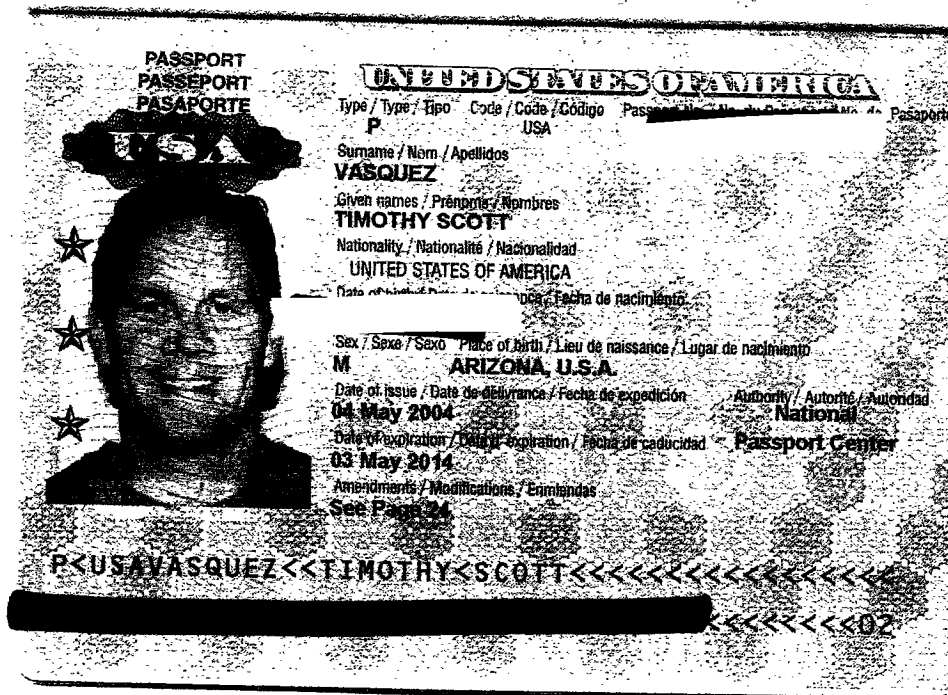
12 FEB 23 09P.15 AM 11:14

Le Secrétaire d'Etat des Etats-Unis d'Amérique
prie par les présentes toutes autorités compétentes de laisser passer le citoyen
ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni
difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

SIGNATURE OF BEARER SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED



12 FEB 23 1447.15Z 001145

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

TP Current 710
P1006304 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT D.L.C. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY D.L.C. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079042

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21) Controlling Person or Agent must complete #21 for a Manager

2. Name: VASQUEZ GEORGE CON Date of Birth: _____ (NOT a Public Record)

3. Social Security Number: _____ Drivers License: _____ State: ARIZ.

4. Place of Birth: TEMPE ARIZ USA Height: 6'10" Weight: 220 Eyes: GR Hair: BR

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-861-0636

6. Name of Current or Most Recent Spouse: VASQUEZ MARY E. Date of B: _____ (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 5/8/49

8. Telephone number to contact you during business hours for any questions regarding this document. 480 861 0636

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Sompuerras Mexican Food Premises Phone: 480-497-826

11. Physical Location of Licensed Premises Address: 2597 S. Market St GILBERT ARIZONA 85234

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/1986	CURRENT	OWNER	SOMPUERRAS INC. 2727 W. FRYE RD. AZ 85224

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
9/2009	CURRENT	OWN	2508 E. BEECHNUT CT.	CHANDLER	AZ	85249
12/1991	9/2009	OWN	8405 S. COLLEGE LN.	TEMPE	AZ	85284

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer is "YES" YOU MUST
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, George Vasquez, hereby declare that I am the APPLICANT/REPRESENTATIVE
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

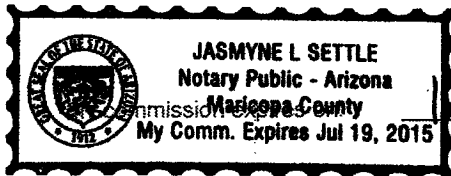
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this

10th day of February, 2012

(Signature of NOTARY PUBLIC)



19 07 2015
Day Month Year

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

____ day of _____, _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

Current 70
P1006304 JB

Attention all Local Governing Bodies: Social Security and Background Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLEC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLEC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079042

(If the location is currently licensed)

1. Check appropriate box →



Controlling Person

Agent

Manager (Only)

(Complete Questions 1-19)
Controlling Person or Agent must complete #21 for a Manager

(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21

2. Name: VASQUEZ GEORGE CON Date of Birth: _____ (NOT a Public Record)

3. Social Security Number: _____ Drivers License: _____ State: ARIZ.

4. Place of Birth: TEMPE ARIZ USA Height: 6'0" Weight: 220 Eyes: GR Hair: BR.
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-861-0636

6. Name of Current or Most Recent Spouse: VASQUEZ MARY E. Date of Birth: _____ (NOT a public record)
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 8/8/99

8. Telephone number to contact you during business hours for any questions regarding this document. 480 861 0636

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Sombrero Mexican Food Premises Phone: 480-497-8126

11. Physical Location of Licensed Premises Address: 2597 S. Market St Gilbert ARIZONA 85234
Street Address (Do not use PO Box #) City State Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/1986	CURRENT	OWNER	SOMBREROS INC. 2727 W. FRYE RD. CHANDLER AZ 85224

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↑ ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
9/2009	CURRENT	OWN	2508 E. BEECHNUT CT.	CHANDLER	AZ	85249
12/1991	9/2009	OWN	6405 S. COLLEGE LN.	TEMPE	AZ	85284

February 6, 2012

#19
To whom it may concern:

I am currently the liquor agent for the following licensees/businesses:

License # 12070465

Ponchos Mexican Food Restaurant

7202 S. Central Ave.

Phoenix, Arizona 85042

License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,



George Vasquez

12 FEB 23 4:47:44 PM 1115

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

Permit 7-10
P1063197 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12179042

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19) ☐ Agent (Complete All Questions except # 14, 14a & 21) ☐ Manager (Only) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Vengur Mark Elizabeth Date of Birth: [REDACTED] (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers Licer: [REDACTED] State: AZ (NOT a public record)

4. Place of Birth: Mex AZ US Height: 5'5" Weight: 135 Eyes: BR Hair: BR
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-204-3540

6. Name of Current or Most Recent Spouse: Vengur George CONS Date of [REDACTED] (NOT a public record)
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 7/29/49

8. Telephone number to contact you during business hours for any questions regarding this document. 480-204-3540

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Embassy Mexican Food Premises Phone: 480-497-8226

11. Physical Location of Licensed Premises Address: 2817 S. Newkirk St Gilbert Maricopa 85295
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/84	CURRENT	owner	Embassy 2727 W. Frye Rd Chandler AZ 85226

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION 12

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
9/09	CURRENT	own	2508 E. Beckett Ct.	Chandler	AZ	85249
12/91	9/09	own	8405 S. College Ln.	Tempe	AZ	85283

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? ☐ YES ☒ NO
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15.
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☒ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, or other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

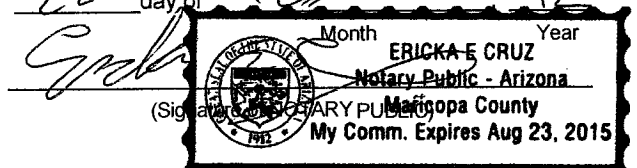
20. I, Mary Elizabeth Kiger, hereby declare that I am the APPLICANT/REPRESENTATIVE
(Print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x Mary E. Kiger
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
22 day of Feb, 12

My commission expires on: 23 08 15
Day Month Year



**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

x _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

TP Current 7-10
P1063197 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLCC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLCC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079042

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person ☐ Agent ☐ Manager (Only)
(Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21

2. Name: Vengur Mary Elizabeth Date of Birth: [REDACTED]
Last First Middle (NOT a Public Record)

3. Social Security Number: [REDACTED] Drivers License: [REDACTED] State: AZ
(NOT a public record) (NOT a public record)

4. Place of Birth: Mx AZ US Height: 5'5" Weight: 135 Eyes: BR Hair: BR
City State Country (not county)

5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-204-3890

6. Name of Current or Most Recent Spouse: Vengur George CONJ Date of [REDACTED]
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 7/29/49

8. Telephone number to contact you during business hours for any questions regarding this document. 480-204-3890

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: Santa Maria Mexican Food Premises Phone: 480-497-8226

11. Physical Location of Licensed Premises Address: 297 S. Market St Gilbert Maricopa 85295
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
7/84	CURRENT	owner	Santa Maria 2727 W. Frye Rd/ Chandler, AZ 85226

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
9/09	CURRENT	own	2508 E. Decatur Ct.	Chandler	AZ	85249
12/91	9/09	own	8405 S. College Ln.	Tempe	AZ	85284

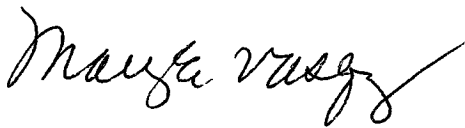
February 21, 2012

To whom it may concern,

I am currently the liquor agent for the following license/business:

License #12078432
Someburros Mexican Food
7501 N. Frank Lloyd Wright Blvd.
Scottsdale, AZ 85260

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary Vasquez", with a long horizontal flourish extending to the right.

Mary Vasquez

12 FEB 23 09:16 AM '12

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934

(602) 542-5141

QUESTIONNAIRE

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLS. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLS. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

12079042

(If the location is currently licensed)

1. Check appropriate box → ☒ Controlling Person (Complete Questions 1-19)
Controlling Person or Agent must complete #21 for a Manager
- ☐ Agent
(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21
- ☐ Manager (Only)

2. Name: VASQUEZ AMY ELIZABETH Date of Birth: _____
Last First Middle (NOT a Public Record)

3. Social Security Number: _____ Drivers License: _____ State: AZ
(NOT a public record) (NOT a public record)

4. Place of Birth: PHOENIX AZ USA Height: 5'7" Weight: 150 Eyes: BL Hair: BROWN
City State Country (not county)

5. Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480 980 3616

6. Name of Current or Most Recent Spouse: N/A Date of Birth: ____/____/____
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)

7. You are a bona fide resident of what state? ARIZONA If Arizona, date of residency: 07/23/77

8. Telephone number to contact you during business hours for any questions regarding this document. 480 980 3616

9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.

10. Name of Licensed Premises: SOMEWHERE'S MEXICAN FOOD Premises Phone: 480 497 8226

11. Physical Location of Licensed Premises Address: 2597 S. MARKET ST. GILBERT MARICOPA 85296
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
07/05	CURRENT	OWNER + OP. MANAGER	SOMEWHERE'S MEXICAN FOOD 2597 S. MARKET ST GILBERT AZ 85296

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
07/06	CURRENT	OWN	16650 S. 38TH ST.	PHX	AZ	85048

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?

☐ YES ☒ NO

If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15.

14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)

☐ YES ☐ NO

If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license.

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)?

☐ YES ☒ NO

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved?

☐ YES ☒ NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state?

☐ YES ☒ NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation?

☐ YES ☒ NO

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state?

☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
"Give complete details including dates, agencies involved, and dispositions."

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. I, _____, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X _____
(Signature of Applicant)

State of _____ County of _____

The foregoing instrument was acknowledged before me this
_____ day of _____, _____
Month Year

My commission expires on: _____
Day Month Year

(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

Print Name

(Signature of NOTARY PUBLIC)

My commission expires on: _____
Day Month Year

AMENDMENT

12 FEB 23 11:19 AM 115

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on
an existing license. ☐ YES ☐ NO

15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☒ YES ☐ NO

16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☒ YES ☐ NO

17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☒ YES ☐ NO

18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☒ YES ☐ NO

19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☐ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.
SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

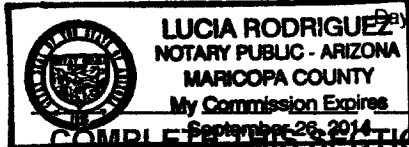
20. I, ELIZABETH AMY VASQUEZ, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

X [Signature]
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
13 day of February, 2012
Month Year

My commission expires on: 26 - 9 - 2014
Month Year



[Signature]
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

X _____
Signature of Controlling Person or Agent (circle one)

_____ day of _____, _____
Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

12 FEB 28 10:47 AM '12

#19

February 13, 2012

To Whom It May Concern,

I am currently the liquor agent for the following licensee/business:

License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,



Amy E. Vasquez

12 FEB 23 09:46 AM 115

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

QUESTIONNAIRE

FP Current 710
P1063685 JB

Attention all Local Governing Bodies: Social Security and Birthdate information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK.
An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLIC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLIC. THE DEPARTMENT DOES NOT PROVIDE THIS SERVICE.

Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted.

The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks.

Liquor License #

2079042

(If the location is currently licensed)

1. Check appropriate box →

☒ Controlling Person ☐ Agent
(Complete Questions 1-19)
Controlling Person or Agent must complete #21 for a Manager

☐ Manager (Only)
(Complete All Questions except # 14, 14a & 21)
Controlling Person or Agent must complete # 21

2. Name: COSTANTINI JENNILYN Date of Bi
Last First Middle (NOT a Public Record)
3. Social Security Num. Drivers License State: AZ
(NOT a public record) (NOT a public record)
4. Place of Birth: PHOENIX AZ US Height: 5'8" Weight: 150 Eyes: BL Hair: BROWN
City State Country (not county)
5. Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed Daytime Contact Phone: 480-244-0109
6. Name of Current or Most Recent Spouse: WALKER - COSTANTINI ANTHONY JAMES Date
(List all for last 5 years - Use additional sheet if necessary) Last First Middle Maiden (NOT a public record)
7. You are a bona fide resident of what state? AZ If Arizona, date of residency: 12/20/1979
8. Telephone number to contact you during business hours for any questions regarding this document. 480-244-0109
9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card.
10. Name of Licensed Premises: SOMBURROS Mexican Food Premises Phone: 480-857-8226
2597 S. McKelvey St City: Gilbert State: AZ Zip: 85234
11. Physical Location of Licensed Premises Address: 1016 Baseline Rd Tempe Maricopa 85283
Street Address (Do not use PO Box #) City County Zip

12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st.

FROM Month/Year	TO Month/Year	DESCRIBE POSITION OR BUSINESS	EMPLOYER'S NAME OR NAME OF BUSINESS (street address, city, state & zip)
6/2002	CURRENT	SOMBURROS Inc.	SOMBURROS Inc. - Tim or George Vasquez 2221 W. Frye Rd Chandler, AZ 85224 Ste 205

ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION ↓

13. Indicate your residence address for the last five (5) years:

FROM Month/Year	TO Month/Year	Rent or Own	RESIDENCE Street Address If rented, attach additional sheet with name, address and phone number of landlord	City	State	Zip
11/2008	CURRENT	own	744 E. Hampton Ct	Gilbert	AZ	85295
12/00	12/07	own	1010 corintia st.	Carlsbad	CA	92009
5/2005	12/00	own	1002 E Bridgeport PKwy	Gilbert	AZ	85295

If you checked the Manager box on the front of this form skip to # 15

14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises?
If you answered YES, how many hrs/day? _____, and **answer #14a below**. If NO, skip to #15. ☐ YES ☒ NO
- 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof)
If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. ☐ YES ☐ NO
15. Have you been detained, cited, arrested, indicted or summoned into court for violation of ANY law or ordinance, regardless of the disposition, even if dismissed or expunged, within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? ☐ YES ☒ NO
16. Are there ANY administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses PENDING against you or ANY entity in which you are now involved? ☐ YES ☒ NO
17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or liquor application or license rejected, denied, revoked, suspended or fined in this or any other state? ☐ YES ☒ NO
18. Has anyone EVER filed suit or obtained a judgment against you, the subject of which involved fraud or misrepresentation? ☐ YES ☒ NO
19. Are you NOW or have you EVER held ownership, been a controlling person, been an officer, member, director or manager on any other liquor license in this or any other state? ☒ YES ☐ NO

If any answer to Questions 15 through 19 is "YES" YOU MUST attach a signed statement.
Give complete details including dates, agencies involved, and dispositions.

SUBSTANTIVE CHANGES TO THIS APPLICATION WILL NOT BE ACCEPTED

20. Dennilyn Costantini, hereby declare that I am the APPLICANT/REPRESENTATIVE
(print full name of Applicant)
filing this questionnaire. I have read this questionnaire and all statements are true, correct and complete.

x [Signature]
(Signature of Applicant)

State of Arizona County of Maricopa

The foregoing instrument was acknowledged before me this
13 day of February, 2012
Month Year

My commission expires on January 3, 2015
Notary Public
Maricopa County, Arizona
My Comm. Expires 01-03-2015

[Signature]
(Signature of NOTARY PUBLIC)

**COMPLETE THIS SECTION ONLY IF YOU ARE A CONTROLLING PERSON OR AGENT
APPROVING A MANAGER'S APPLICATION**

21. The applicant hereby authorizes the person named on this questionnaire to act as manager for the named liquor license.
The manager named must be at least 21 years of age.

State of _____ County of _____

The foregoing instrument was acknowledged before me this

x _____ day of _____, _____
Signature of Controlling Person or Agent (circle one) Month Year

(Signature of NOTARY PUBLIC)

Print Name

My commission expires on: _____
Day Month Year

12 FEB 23 14 PM 1:15

February 13, 2012

#19

To Whom It May Concern,

I am currently the liquor agent for the following licensee/business:

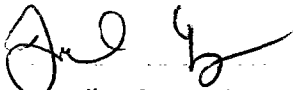
License # 12078432

Someburros Mexican Food

7501 N. Frank Lloyd Wright Blvd.

Scottsdale, Arizona 85260

Sincerely,



Jennilyn Costantini

12 FEB 23 14 PM 11:15